

interest. Three project areas that initially participated in MMP—and were subsequently dropped in 2009 because funding was restricted—will be reinstated as primary sampling units if funding allows.

Increasing the sample size in three areas that were previously allocated comparatively small samples (Georgia, Illinois, and Pennsylvania) is expected to improve the ability to produce representative local estimates in these areas.

Health care facility staff may be asked to look up contact information for sampled persons with incomplete or incorrect contact information in NHSS; this was not necessary in prior MMP cycles because the patient samples were drawn from facility records.

Finally, changes were made that did not affect the burden, listed below:

- The interview instrument was revised to enable the collection of critical information from HIV-infected persons not receiving medical care and to improve question coherence, boost the efficiency of the data collection, and increase the relevance and value of the

information. These changes were based on an evaluation of the currently approved MMP interview instrument involving stakeholders, as well as a pilot which evaluated new questions (Formative Research and Tool Development, OMB Control No. 0920–0840, expiration 2/29/2016). These revisions did not change the average time required to complete the interview.

- Six data elements were removed from the medical record abstraction form and two data elements were added. Because the medical records are abstracted by MMP staff, these changes do not affect the burden of the project on the public.

- Sampled persons may be interviewed wherever they currently reside, conditional on local law and policy, and in a manner specified by a written, project-specific agreement with the HIV surveillance unit at the person's local health department.

- Videoconferencing was added as an optional mode of interview administration. Administering the interview via videoconferencing will provide more flexibility for participating

in the interview and facilitate communication between respondent and interviewer, for example, by allowing interviewers to respond appropriately to a respondent's visual cues. Videoconferencing will also allow the interviewer to ensure that the respondent is using the correct response cards for interview questions. No audio/ audiovisual recordings will be made of the interviews, including interviews administered by videoconferencing.

This proposed data collection would supplement the National HIV Surveillance System (NHSS, OMB Control No. 0920–0573, Exp. 2/29/2016) in 26 selected state and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS.

The participation of respondents is voluntary. There is no cost to the respondents other than their time. Through their participation, respondents will help to improve programs to prevent HIV infection as well as services for those who already have HIV.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response (in hours)	Total burden hours
Sampled, Eligible HIV-Infected Persons .....	Interview Questionnaire .....	8,720	1	45/60	6,540
Facility office staff looking up contact information.	.....	2,180	1	2/60	73
Facility office staff approaching sampled persons for enrollment.	.....	1,090	1	5/60	91
Facility office staff pulling medical records ...	.....	8,720	1	3/60	436
Total .....	.....	.....	.....	.....	7,140

**Leroy A. Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2014–22010 Filed 9–15–14; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2014–D–1288]

#### **Draft Guidance for Industry: Electronic Submission of Lot Distribution Reports; Availability; Correction**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Food and Drug Administration is correcting a notice entitled “Draft Guidance for Industry: Electronic Submission of Lot Distribution Reports; Availability” that appeared in the **Federal Register** of August 29, 2014 (79 FR 51576). The document announced the availability of a draft guidance entitled “Guidance for Industry: Electronic Submission of Lot Distribution Reports” dated August 2014. The document was published with the incorrect docket number. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Lori J. Churchyard, Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 71, Rm. 7301, Silver Spring, MD 20993–0002, 240–402–7911.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of Friday, August 29,

2014, in FR Doc. 2014–20635, on page 51576, the following correction is made:

1. On page 51576, in the first column, in the Docket No. heading, “[FDA–2014–S–0009]” is corrected to read “[FDA–2014–D–1288]”.

Dated: September 10, 2014.

**Leslie Kux,**

*Assistant Commissioner for Policy.*

[FR Doc. 2014–22015 Filed 9–15–14; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### **Center for Scientific Review Amended; Notice of Meeting**

Notice is hereby given of a change in the meeting of the Neurotransporters, Receptors, and Calcium Signaling Study